

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent #, 10/522331	
--------------------------	--	-------------------------------------	--

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

	7 TOTAL AMOUNT OF REFUND
	\$

8 TO BE REFUNDED BY:							
	Treasury Check						
	Credit Deposit A/C #:						
	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			--			
		--					

10 REASON:	
Overpayment	
Duplicate Payment	
No Fee Due (Explanation):	

11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: _____	TITLE: _____
SIGNATURE: _____	PHONE: _____
OFFICE: _____	<small>Regin. Ref: 06/09/2003 PKIDWELL 0011521200 DHH:032460 Name/Number:10522331 \$250.00 CR</small>
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: _____	DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: